TOWN OF LAKE PARK BUILDING PERMIT APPLICATION

(Please Print)

				Permit #	
Owner's Name			C	wner's Phone	÷#
Owner's Address			(Cell #	
City	ress State Name			Zip	
Contractor's Name			P	hone #	
Contractor's Address_ City			C	ell #	
City		State	2	۲ıp	
Job Address SINGLE FAMILY	DUDLEY	MIII TI EAMII V	DETAIL	OFFICE	INDUCTOIAI
SINGLE FAMIL I	DUFLEX	MULTI-FAMILT _	KEIAIL_	OFFICE	_ INDUSTRIAL
ESTIMATED VALUE DESCRIPTION OF	JE OF COI WORK: _	NSTRUCTION \$_			
Applicant is hereby require has commenced prior to the rules, and regulations gove but not limited to: ELEC' BOILERS, HEATERS	e issuance of a crining construct FRICAL, PL	permit and that all work we tion in this jurisdiction. I uuMBING, ROOFING	vill be performed understand that a , SIGNS, WEL	to meet the stand SEPARATE PEI LS, POOLS, I	dards of all codes, laws, RMIT must be secured
OWNER'S AFFIDA in compliance with all a	VIT: I certify pplicable code	that all the foregoing in the state of the that all the foregoing in the state of t	nformation is ac lations governin	curate and that g construction	all work will be done and zoning.
A NOTICE OF COM NOTICE OF COMM EXCEEDS \$2,500.00 MECHANICAL PEI	IENCEMEN , AND A NO	NT IS NEEDED WH OTICE OF COMME	EN THE VAI	LUE OF CON	NSTRUCTION
V	Date				
XProperty Owner's Sign	ature/Agent/	Contractor	Date _		
Troperty o white s angu-	······································				
STATE OF FLORIDA COUNTY OF PALM BEACK	Н				
The foregoing instrum	ent was ackr	nowledged before me	this day	y of	,,
by		who is pe	ersonally know ication and wh	n to me or wh	no has produced
(SEAL)					
				Notary Public	
A COPY OF CONTRA	ACT MUST E	BE PROVIDED BY CO	ONTRACTOR.		
APPLICATION API DATE					

NOTE: This permit **VOID** after 180 days UNLESS the work which is covered has commenced. All **Contractors** must have valid State Certification or County Competency plus County and City Occupational Licenses prior to obtaining a permit.

ANY CHANGE IN BUILDING PLANS OR SPECIFICATIONS MUST BE RECORDED WITH THIS OFFICE. ANY WORK <u>NOT COVERED</u> ABOVE MUST HAVE A VALID PERMIT PRIOR TO STARTING. IN CONSIDERATION OF GRANTING THIS PERMIT, THE OWNER AND BUILDER AGREE TO ERECT THIS STRUCTURE IN FULL COMPLIANCE WITH THE BUILDING AND ZONING CODES.

TYPE OF CONSTRUCTION

		Radon Fee			
OCCUPANCY TYPE		BCAIF			
ROOF TYPE		SUB-TOTAL	\$		
FENCE TYPE					
AREA SQUARE FEET					
FLOOD ZONE		VALUATION	FEE		
BASE FLOOD ELEVAT		C'. I			
FINISHED FLOOR ELE		- 11 11			
NUMBER OF STORIES		T-1 · · · 1			
NUMBER OF UNITS		3.6 1 1			
PARKING SPACES RE					
PARKING SPACES PRO	OVIDED				
NUMBER OF BEDROC	MS	Corre			
NUMBER OF BATHRO	OMS	Drainage			
		Evroprotion			
		Landscaping			
Received by:	Date	Sign			
		Sub-Total	\$		
		Total	\$		
		Less Plan Filing Fee	e \$		
		TOTAL AMOUNT DUE \$			
		RECEIPT NUMBER DATE ISSUED			
		RECEIPT NUMBER			
		DATE ISSUED			